HEALTH CARE HIV TEST FORM

Unique ID: ☐☐☐☐☐☐☐☐☐☐☐☐ **Session date:** *(mm/dd/yyyy)* ☐☐☐☐☐☐☐☐ **Provider ID:** ☐☐☐☐

Agency ID: ☐☐☐☐☐ **Intervention ID:** ☐☐☐ **Location ID:** ☐☐☐☐☐

CLIENT INFORMATION

Gender identity: *(mark one ☒)*
- ☐(1) Male
- ☐(2) Female
- ☐(3) Transgender: male to female
- ☐(4) Transgender: female to male
- ☐(5) Other identity, specify: ____________________
- ☐(6) Declined to answer

Biological gender at birth: *(mark one ☒)*
- ☐(1) Male
- ☐(2) Female
- ☐(3) Intersex
- ☐(4) Declined to answer

Race/ethnicity: *(mark all that apply ☒)*
- ☐(1) Black/African American
- ☐(1) American Indian/Alaska Native
- ☐(1) Asian, specify: ____________________
- ☐(1) Native Hawaiian/Pacific Islander, specify: ____________________
- ☐(1) Hispanic/Latino(a), specify: ____________________
- ☐(1) White
- ☐(1) Client does not know
- ☐(1) Declined to answer

Date of birth: *(mm/dd/yyyy)* ☐☐☐☐☐☐☐☐

First letter of last name: ☐

Residence County: ____________________

Res. State: ☐☐ **Residence ZIP code:** ☐☐☐☐☐

Health insurance coverage: *(mark all that apply ☒)*
- ☐(1) No coverage
- ☐(1) Private *(Kaiser, Sutter, Blue Cross, HMO, etc.)*
- ☐(1) Medi-Cal (Medicaid)
- ☐(1) Family PACT
- ☐(1) Low Income Health Program (LIHP)
- ☐(1) Medicare
- ☐(1) Military *(active duty, veteran, or family member)*
- ☐(1) Indian Health Service
- ☐(1) Other public, specify: ____________________

HIV test before today? *(mark one ☒)*
- ☐(1) Yes *(indicate recent HIV result & date)*
- ☐(0) No
- ☐(8) Client does not know
- ☐(9) Declined to answer

Most recent HIV result received: *(mark one ☒ if tested before today)*
- ☐(1) Negative
- ☐(2) Positive
- ☐(3) Preliminary positive *(no confirmatory result received)*
- ☐(4) Inconclusive, discordant, invalid
- ☐(5) Client does not know
- ☐(9) Declined to answer

Date of last HIV test result: *(mm/yyyy)* ☐☐☐☐☐☐

HIV TEST INFORMATION

Test sequence:	**HIV TEST #1**	**HIV TEST #2**	**HIV TEST #3**
Test ID: *(optional)*	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐
Sample date: *(mm/dd/yyyy)*	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐
Provider ID: *(optional)*	☐☐☐☐	☐☐☐☐	☐☐☐☐
Test technology: *(mark one ☒)*	☐(1) Rapid ☐(2) Conventional ☐(3) NAAT/RNA testing ☐(4) Other test, specify: ________	☐(1) Rapid ☐(2) Conventional ☐(3) NAAT/RNA testing ☐(4) Other test, specify: ________	☐(1) Rapid ☐(2) Conventional ☐(3) NAAT/RNA testing ☐(4) Other test, specify: ________
Test result: *(mark one ☒)*	☐(1) Positive ☐(2) Preliminary positive* ☐(3) Negative ☐(4) Indeterminate /Inconclusive ☐(5) Invalid ☐(6) No result * *Record confirmatory test result for preliminary positive rapid tests (HIV TEST #2).*	☐(1) Positive ☐(2) Preliminary positive* ☐(3) Negative ☐(4) Indeterminate /Inconclusive ☐(5) Invalid ☐(6) No result * *Record confirmatory test result for preliminary positive rapid tests (HIV TEST #3).*	☐(1) Positive ☐(2) Preliminary positive* ☐(3) Negative ☐(4) Indeterminate /Inconclusive ☐(5) Invalid ☐(6) No result * *Record confirmatory test result for preliminary positive rapid tests (test #4).*
Results provided?	☐(1) Yes *(record date provided)* **Date result provided:** *(mm/dd/yyyy)* ☐☐☐☐☐☐☐☐ ☐(1) Mark if client obtained result from another agency ☐(0) No *(indicate why)* **If results not provided, why?** ☐(1) Client declined notification ☐(2) Did not return / Could not locate ☐(3) Other	☐(1) Yes *(record date provided)* **Date result provided:** *(mm/dd/yyyy)* ☐☐☐☐☐☐☐☐ ☐(1) Mark if client obtained result from another agency ☐(0) No *(indicate why)* **If results not provided, why?** ☐(1) Client declined notification ☐(2) Did not return / Could not locate ☐(3) Other	☐(1) Yes *(record date provided)* **Date result provided:** *(mm/dd/yyyy)* ☐☐☐☐☐☐☐☐ ☐(1) Mark if client obtained result from another agency ☐(0) No *(indicate why)* **If results not provided, why?** ☐(1) Client declined notification ☐(2) Did not return / Could not locate ☐(3) Other

RISK FACTORS

Was client asked about risk factor(s) that placed them at potential risk for HIV? *(mark one ☒)*
☐(1) Risk factors discussed ☐(2) Client was not asked about risk factors ☐(3) Client declined to discuss risk factors

VAGINAL OR ANAL SEX *(past 12 months)*

MALE PARTNER	**Had vaginal or anal sex with a male?** ☐(1) Yes ☐(0) No ☐(9) Declined	**Type of sex:** *(optional)* *(mark all that apply ☒)* ☐(1) Vaginal receptive ☐(1) Anal insertive ☐(1) Anal receptive	**Had vaginal or anal sex with a male …** *(mark all that apply ☒)* ☐(1) without using a condom ☐(1) who injects drugs ☐(1) who is HIV positive ☐(1) known to have had sex with a male *(if female)*
FEMALE PARTNER	**Had vaginal or anal sex with a female?** ☐(1) Yes ☐(0) No ☐(9) Declined	**Type of sex:** *(optional)* *(mark all that apply ☒)* ☐(1) Vaginal insertive ☐(1) Anal insertive	**Had vaginal or anal sex with a female …** *(mark all that apply ☒)* ☐(1) without using a condom ☐(1) who injects drugs ☐(1) who is HIV positive
TRANSGENDER (TG) PARTNER	**Had vaginal or anal sex with a TG?** ☐(1) Yes ☐(0) No ☐(9) Declined	**Type of sex:** *(optional)* *(mark all that apply ☒)* ☐(1) Vaginal ☐(1) Anal insertive ☐(1) Anal receptive	**Had vaginal or anal sex with a transgender person …** *(mark all)* ☐(1) without using a condom ☐(1) who injects drugs ☐(1) who is HIV positive

ORAL SEX *(past 12 months)*

Had oral sex with a male? ☐(1) Yes ☐(0) No	
Had oral sex with a female? ☐(1) Yes ☐(0) No	
Had oral sex with a TG? ☐(1) Yes ☐(0) No	

Total number of vaginal or anal sex partners: *(past 12 months) (1 - 999)* ☐☐☐

Has received money, drugs, or other items or services for sex? *(past 12 months)* ☐(1) Yes ☐(0) No

Has had sex with a person who exchanges sex for drugs or money? *(past 12 months)* ☐(1) Yes ☐(0) No

Used a needle to inject drugs? *(past 12 months)*
☐(1) Yes → **If yes, shared needles or injection equipment?** ☐(1) Yes ☐(0) No
☐(0) No
☐(9) Declined

Other HIV behavior/exposure risk factors?
(mark all that apply ☒) (past 12 months)
☐(1) No additional risk factors
☐(1) Diagnosed with syphilis, gonorrhea, or chlamydia
☐(1) Stimulant drug use (speed, powder cocaine, crack)
☐(1) Other behavior/exposure, specify:
Specify other behavior/exposure: _____

PRELIMINARY & CONFIRMED HIV POSITIVE REFERRALS

Referred to HIV medical care?
☐(1) Yes → **If yes, did client attend first appointment?**
☐(1) Yes → **Appointment date:** *(mm/dd/yyyy)* ☐☐/☐☐/☐☐☐☐
☐(0) No
☐(8) Don't know

☐(0) No → **If not referred to medical care, indicate why?**
☐(1) Client already in HIV medical care
☐(2) Client declined HIV medical care

Referred to HIV prevention services?
☐(1) Yes → **If yes, did client receive HIV prevention services?**
☐(1) Yes
☐(0) No
☐(8) Don't know
☐(0) No

If female, is client pregnant?
☐(1) Yes → **If yes, in prenatal care?**
☐(1) Yes
☐(0) No
☐(8) Don't know
☐(9) Declined

PARTNER SERVICES

Were partner services discussed/offered this session?
(mark one ☒)
☐(1) Offered and accepted
☐(2) Offered and refused
☐(3) Not offered

Was skill building provided for self-notification?
☐(1) Yes → **Number of partners to be self-notified:** *(0-999)* ☐☐☐
☐(0) No

Was client interviewed for partner elicitation at this agency? *(dual and 3rd party)*
☐(1) Yes → **Interview date:** *(mm/dd/yyyy)* *(attach Partner Information Forms)* ☐☐/☐☐/☐☐☐☐
Number of partners: *(0-999) (dual & third party)* ☐☐☐
☐(0) No

Was partner services referred out to another agency?
☐(1) Yes → **Specify agency:** _____
☐(0) No
Was client interviewed for partner elicitation?
☐(1) Yes → **Interview date:** *(mm/dd/yyyy)* ☐☐/☐☐/☐☐☐☐
☐(0) No
☐(8) Don't know
Number of partners: *(0-999) (dual & 3rd party)* ☐☐☐

HIV TESTING AND TREATMENT HISTORY

Ever had a previous positive HIV test?
☐(1) Yes → **Date of first positive HIV test:** *(mm/dd/yyyy)* ☐☐/☐☐/☐☐☐☐
☐(0) No
☐(8) Don't know
☐(9) Declined

Ever had a negative HIV test?
☐(1) Yes → **Date of last negative HIV test:** *(mm/dd/yyyy)* ☐☐/☐☐/☐☐☐☐
☐(0) No
☐(8) Don't know
☐(9) Declined
(if date is from a lab test with test type, enter in lab data section)

Number of negative HIV tests within 24 months before first positive HIV test: ☐☐ ☐(8) Don't know ☐(9) Declined

Used or is currently using antiretroviral (ARV) medication?
☐(1) Yes *(specify ARV used and indicate first and last date used)*
☐(0) No
☐(8) Don't know
☐(9) Declined to answer

Specify antiretroviral medications: _____

Date ARV first began: *(mm/dd/yyyy)* ☐☐/☐☐/☐☐☐☐

Date of last ARV use: *(mm/dd/yyyy)* ☐☐/☐☐/☐☐☐☐

Data entry ID: ☐☐☐☐

RACE / ETHNICITY CODES

Asian:
301 Asian Indian
302 Bangladeshi
303 Bhutanese
304 Burmese
305 Cambodian
306 Chinese
308 Filipino
309 Hmong
310 Indonesian
320 Iwo Jiman
311 Japanese
312 Korean
313 Laotian
324 Madagascar
314 Malaysian
321 Maldivian
322 Nepalese
315 Okinawan
316 Pakistani
323 Singaporean
317 Sri Lankan
307 Taiwanese
318 Thai
319 Vietnamese
399 Other Asian

Native Hawaiian/Pacific Islander:
422 Guamanian
411 Hawaiian
403 Melanesian
402 Micronesian
401 Polynesian
412 Samoan
404 Other Pacific Islander

Hispanic/Latino(a):
505 Caribbean
503 Central American
507 Cuban
502 Mexican
506 Puerto Rican
504 South American
501 Spaniard
599 Other Latino

CALIFORNIA COUNTY CODES

1 Alameda
2 Alpine
3 Amador
4 Butte
5 Calaveras
6 Colusa
7 Contra Costa
8 Del Norte
9 El Dorado
10 Fresno
11 Glenn
12 Humboldt
13 Imperial
14 Inyo
15 Kern
16 Kings
17 Lake
18 Lassen
19 Los Angeles
20 Madera
21 Marin
22 Mariposa
23 Mendocino
24 Merced
25 Modoc
26 Mono
27 Monterey
28 Napa
29 Nevada
30 Orange
31 Placer
32 Plumas
33 Riverside
34 Sacramento
35 San Benito
36 San Bernardino
37 San Diego
38 San Francisco
39 San Joaquin
40 San Luis Obispo
41 San Mateo
42 Santa Barbara
43 Santa Clara
44 Santa Cruz
45 Shasta
46 Sierra
47 Siskiyou
48 Solano
49 Sonoma
50 Stanislaus
51 Sutter
52 Tehama
53 Trinity
54 Tulare
55 Tuolumne
56 Ventura
57 Yolo
58 Yuba

STATE/TERRITORY CODES

AL Alabama
AK Alaska
AZ Arizona
AR Arkansas
CA California
CO Colorado
CT Connecticut
DE Delaware
DC District of Columbia
FL Florida
GA Georgia
HI Hawaii
ID Idaho
IL Illinois
IN Indiana
IA Iowa
KS Kansas
KY Kentucky
LA Louisiana
ME Maine
MD Maryland
MA Massachusetts
MI Michigan
MN Minnesota
MS Mississippi
MO Missouri
MT Montana
NE Nebraska
NV Nevada
NH New Hampshire
NJ New Jersey
NM New Mexico
NY New York
NC North Carolina
ND North Dakota
OH Ohio
OK Oklahoma
OR Oregon
PA Pennsylvania
RI Rhode Island
SC South Carolina
SD South Dakota
TN Tennessee
TX Texas
UT Utah
VT Vermont
VA Virginia
WA Washington
WV West Virginia
WI Wisconsin
WY Wyoming
AS American Samoa
FM Federated States of Micronesia
GU Guam
MH Marshall Islands
MP Northern Mariana Islands
PW Palau
PR Puerto Rico
VI Virgin Islands of the U.S.
88 Client does not currently reside in a US state, territory, or district.

ANTIRETROVIRAL (ARV) MEDICATION CODES

22 Agenerase (amprenavir)
30 Aptivus (tipranavir, TPV)
32 Atripla (efavirenz/emtricitabine/tenofovir DF)
24 Combivir (lamivudine/ zidovudine, 3TC/AZT)
06 Crixivan (indinavir, IDV)
11 Emtriva (emtricitabine, FTC)
03 Epivir (lamivudine, 3TC)
28 Epzicom (abacavir/lamivudine, ABC/3TC)
25 Fortovase (saquinavir, SQV)
10 Fuzeon (enfuvirtide, T20)
19 Hepsera (adefovir)
02 Hivid (zalcitabine, ddC)
23 Hydroxyurea
18 Invirase (saquinavir, SQV)
34 Intelence (etravirine)
36 Isentress (raltegravir)
16 Kaletra (lopinavir/ ritonavir)
31 Lexiva (fosamprenavir, 908)
07 Norvir (ritonavir, RTV)
33 Prezista (darunavir, DRV)
09 Rescriptor (delavirdine, DLV)
26 Retrovir (zidovudine, ZDV, AZT)
15 Reyataz (atazanavir, ATV)
08 Saquinavir (Fortavase, Invirase)
35 Selzentry (maraviroc)
21 Sustiva (efavirenz, EFV)
13 Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC,AZT)
27 Truvada (tenofovir DF/emtricitabine, TDF/FTC)
01 Videx (didanosine, ddl)
14 Videx EC (didanosine, ddl)
17 Viracept (nelfinavir, NFV)
05 Viramune (nevirapine, NVP)
12 Viread (tenofovir DF, TDF)
04 Zerit (stavudine, d4T)
20 Ziagen (abacavir, ABC)
88 Other Antiretroviral
99 Unspecified